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1. CORRESPONDENCE ADDRESS

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PO BOX 2550
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F3M1/0320

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

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APR 07 1997

04

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/593,796	01/30/96	020	REICHARD, L	3302 03/20/97
First Named Applicant				

TITLE OF INVENTION
WATTERSON, SCOTT R.
REORIENTING TREADMILL

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 2727	482-054.000	K94	UTILITY	NO	\$1290.00	06/20/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 TRASK, BRITT & ROSSA

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: ICON Health & Fitness, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY)
Logan, Utah USA

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date) April 17

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on: April 1, 1997

(Date)

Darlene Foucault

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Darlene Foucault

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April 1, 1997

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